

REQUIRED IDENTIFICATION TO OBTAIN A DEATH CERTIFICATE

1. Photo ID Requirement:

- One (1) photo ID such as: Driver's License or State ID Card.
Must have your name and written signature on ID. Cannot be expired.
Please send photocopies, not original documents.
- If you do not have the above ID you can use a Military ID or passport for a Photo ID.
At least one document must have a written signature. Please send photocopies, not original documents.

2. Fee:

- \$6.00 Per Copy Cash, Cashier Check, or Money Order
(NO PERSONAL CHECKS OR CREDIT/DEBIT CARDS)
Please remit payment to the Vigo County Health Department when submitting form.

3. Office Hours:

- Applications taken daily 8:15 am until 3:15 pm
- Monday – Friday, closed holidays

Please mail the completed Application Request Form and a self-addressed stamped envelope to:

Vigo County Health Department
Vital Statistics
171 Oak Street
Terre Haute, Indiana 47807

If you have questions, please call Vital Statistics at (812) 462-3442.

1 Photocopy of Drivers License or State-Issued photo ID **and** a self-addressed stamped envelope required.

APPLICATION FOR SEARCH AND/OR CERTIFIED COPY OF DEATH RECORD
Vigo County Health Department

To be completed by individual making a request to:

1. Inspect vital records or record;
2. Obtain a certified copy of a vital record.

In accordance with Indiana Code 16-37-1-8, the following information is required to obtain a certified copy of any vital record. Please read this application thoroughly and complete all items. A search or inspection fee will be charged.

Name of Deceased: _____

Date of Death: _____

Place of Death: _____
City County State

Place of burial if you know: _____

Your relationship to the person whose record you are requesting: _____

Purpose for which the record is to be used: _____

Your name (please print): _____

Your signature: _____

Phone: _____

Address: _____
Street Name and Number City State Zip Code

DO NOT WRITE BELOW THIS LINE

RCD
COST
CHANGE
INITIALS
RECEIPT NUMBER
ISSUED RECEIPT

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